

SLEEP DIARY

Name: _____

Week: _____ to _____
(Beginning date) (Ending date)

Example



Mon.

Fill in the Day of the Week above each column



1. I napped from ____ to ____ (note times of all naps).	2:00 to 2:45 pm								
2. I took ____ mg of sleep medication as a sleep aid.	Ambien 5 mg								
3. I took ____ oz. of alcohol as a sleep aid.	Beer 12 oz.								
4. I went to bed at ____ o'clock.	10:30								
5. I turned the lights out at ____ o'clock.	11:15								
6. I plan to awaken at ____ o'clock.	6:15								
7. After turning the lights out, I fell asleep in ____ minutes.	45								
8. My sleep was interrupted ____ times (specify number of nighttime awakenings).	3								
9. My sleep was interrupted for ____ minutes (specify duration of each awakening).	20 30 15								
10. I woke up at ____ o'clock (note time of last awakening).	6:15								
11. I got out of bed at ____ o'clock (specify the time).	6:40								
12. When I got up this morning I felt ____ . <small>(1 = Exhausted, 2 = Tired, 3 = Average, 4 = Rather Refreshed, 5 = Very Refreshed)</small>	2								
13. Overall, my sleep last night was ____ . <small>(1 = Very Restless, 2 = Restless, 3 = Average, 4 = Sound, 5 = Very Sound)</small>	1								

NOTES:

Sleep Diary Instructions

In order to better understand your sleep problem and to assess your progress during treatment, we'd like you to collect some important information about your sleep habits.

- **Before you go to sleep at night**, please answer Questions 1 - 6.

- **After you get up in the morning**, please answer the remaining questions, Questions 7 - 13.

It is very important that you complete the diary every evening and morning!!! Please don't attempt to complete the diary later. If you have any difficulties completing the diary, please contact one of the BHP staff members at (210) 670-5968 and we'll be glad to assist you.

It's often difficult to estimate how long you take to fall asleep or how long you're awake at night. Keep in mind that we simply want your best estimates.

If any unusual events occur on a given night (e.g., emergencies, phone calls) please make a note of it on the diary (at the bottom of the sheet).

Below are some guidelines to help you complete the Sleep Diary.

1. Napping: Please include **all** times you slept during the day, even if you didn't intend to fall asleep. For example, if you fell asleep for 10 minutes during a movie, please write this down. Remember to specify a.m. or p.m., or use military time.
2. Sleep Medication: Include both prescribed and over-the-counter medications. Only include medications used as a sleep aid.
3. Alcohol as a sleep aid: Only include alcohol that you used as a sleep aid.
4. Bedtime: This is the time you physically got into bed, with the intention of going to sleep. For example, if you went to bed at 10:45 p.m. but turned the lights off to go to sleep at 11:15 p.m., write down 10:45 p.m.
5. Lights-Out Time: This is the time you actually turned the lights out to go to sleep.
6. Time Planned to Awaken: This is the time you plan to get up the following morning.
7. Sleep-Onset Latency: Provide your best estimate of how long it took you to fall asleep after you turned the lights off to go to sleep.
8. Number of Awakenings: This is the number of times you remember waking up during the night.
9. Duration of Awakenings: Please estimate how many minutes you spent awake for each awakening. If this proves impossible, then estimate the number of minutes you spent awake for all awakenings combined. Don't include your very last awakening in the morning, as this will be logged in number 10.
10. Morning Awakening: This is the very last time you woke up in the morning. If you woke up at 4:00 a.m. and never went back to sleep, this is the time you write down. However, if you woke up at 4:00 a.m. but went back to sleep for a brief time (for example, from 5:00 a.m. to 5:15 a.m.), then your last awakening would be 5:15 a.m.
11. Out-of-Bed Time: This is the time you actually got out of bed for the day.
12. Restedness upon Arising: Rate your restedness using the scale on the diary sheet.
13. Sleep Quality: Rate the quality of your sleep using the scale on the diary sheet.